15/5/2010

INS. CASE OWNER:

CC4/AIS23003820/pa3

LKK:

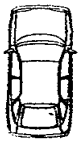
IDAC:

## ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time : 12.04.2023

Registered in Merimen: 13.04.2023

**Pre-assign / CCU / FTE**



Insured Vehicle No. : SMZ 7252C

Name of Insured : PW CARZ PTE LTD

Insured Tel No. : _____ HP: _____

**Excess Sec II :S$** _____ D.O.A : 27.03.2023 01:20

Is driver the owner? ( YES / NO )

Claim No. : _____

Policy No. : SP2002547365

Make / Model : _____

Place of Accident : _____

Nature of Accident : _____

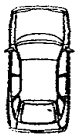
If **NO**, Driver Name / Age : RYAN TAN WEI CHONG(CHEN WEI ZHONG)

Driver Tel No. : (V/L: YES / NO )

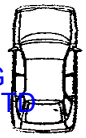
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

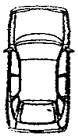
PD 789Y → _____ → _____ → _____



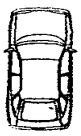
INSRS:
WSP: EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

| Date/ Time | | | |
|---|---|---|---|
| | PD 789Y - X | SMZ 7252C - X | **STAGE** **DATE / PIC** |
| | | | Non-Reporting ltr (1st): |
| | | | Non-Reporting ltr (2nd): |
| | | | Non-Reporting ltr (Final): |
| | | | Notification ltr (if non-pickup): |
| | | | Call OI: |
| | | | After call ltr to OI: |
| | | | **Documentation Check List: Handler Typist** |
| | | | Notification ltr (if non-pickup) |
| | | | After call ltr to OI: |
| | | | Authorisation To Act: |
| | | | Release Voucher: |
| | | | Final Repair Bill: |
| | | | Car Rental Invoice: |
| | | | Towing Invoice |
| | | | LTA / GIA : |
| | | | Medical Bill: |
| | | | PIR: |
| | | | Mandate/Reject Instruction: |
| | | | LOD |
| | | | Payment Breakdown Form: |
| **PRELIMINARY ADVICE** | Date/Time: | Sent By: | Post-Repair Photos: |
| | | | Others: |

| | | | |
|---|---|---|---|
| **FINALIZATION** | Date/Time: | Confirm with: | Confirm by: |
| Repair Cost: | S$ ( days) | Reduction: % | Email ☐ Call ☐ |
| **FINAL SETTLEMENT** | Date/Time: | Confirm with | Email ☐ Call ☐ |
| Final Liability: | % (Agreed / Assessed) | BOLA S/N No. : | If NO or B 28, Ass. Lia : |
| Repair Cost: | S$ | | |
| Loss of Rental (LOR): | S$ ( days) | | |
| Loss of Use (LOU): | S$ ($ x days) | | |
| Loss of Income (LOI): | S$ ($ x days) | | |
| LOR only ☐ LOU only ☐ | LOR + LOU ☐ | LOR + LOI ☐ [**Tick only one**] | |
| GIA/LTA Search | S$ | | |
| Medical: | S$ | | 1) Claim status: Normal/Reject/Private Settle |
| Disbursement: | S$ | (e.g. Tow/ Independent ) | 2) Report Format: |
| Legal Cost | S$ | | 3) Survey fee: |
| **Total:** | **S$** | **Global Sum S$:** | |

| | | | |
|---|---|---|---|
| **FINAL PAYMENT** | Date/Time: | Confirm with: | Email ☐ Call ☐ |
| Payee 1: | S$ | Name 1: | |
| Payee 2: (Strike if N.A.) | S$ | Name 2: | |
| Payee 3: (Strike if N.A.) | S$ | Name 3: | |